



**T A I P E I**  
11-13 SEPT 2020



### **Abstract Submission**

**DEADLINE:** The abstract submission system will close on **30 April 2020, 23:59 CET**. This abstract receipt deadline will remain firm and any abstracts received after the deadline will not be accepted. Abstract submitters will receive an e-mail confirmation immediately after submitting their abstract. The Congress Committee of ESICM EuroAsia 2020 welcomes the submission of abstracts of original contribution to the field.

### **Instructions for Abstract Preparation**

Please read the instructions carefully before starting to submit your abstract. All abstracts must be submitted in English and must be submitted electronically. Therefore, no paper abstracts will be accepted. Abstracts not prepared correctly will not be considered for reviewing. Abstract authors should not split data to create several abstracts from one data set. If splitting is deemed to have occurred, scores of related abstracts may be reduced or abstracts simply rejected.

### **Review Process**

The submitted abstracts will be examined anonymously by the ESICM EuroAsia Congress Committee. The authors will be informed of acceptance/rejection of their abstract by e-mail in July 2020. All abstracts selected for presentation at the Congress will be presented as e-poster.

### **General Instructions**

- Abstracts must be submitted in English and should not exceed 3000 characters.
- Images and tables may be included in the abstract.
- Do not submit abstracts reporting data already published.
- Abstracts should be as informative as possible and structured as follows:
  - INTRODUCTION
  - OBJECTIVES
  - METHODS
  - RESULTS
  - CONCLUSIONS
  - REFERENCE(S)
  - GRANT ACKNOWLEDGMENT
- All accepted abstracts will be presented in e-poster form. Instructions for e-poster will be sent to the corresponding authors after the review process.
- Preference will be given to new and/or ongoing work.
- Abstracts are to be submitted using the online Abstract Submission System only. ESICM does not accept submission of abstracts by mail, fax or email.
- Abstracts should not contain proprietary or confidential information.
- The presenting author of an accepted abstract must be registered to attend the Congress.
- Please do not submit multiple copies of the same abstract.

## **Abstract Categories**

1. Acute Kidney Injury and haemofiltration
  - 1.1. Acute Kidney Injury clinical studies
  - 1.2. Acute Kidney Injury experimental studies
  - 1.3. Acute Kidney Injury monitoring
  - 1.4. Haemofiltration
2. Acute respiratory failure and ventilation
  - 2.1. Acute respiratory failure clinical studies
  - 2.2. Acute respiratory failure experimental studies
  - 2.3. Acute respiratory failure monitoring
  - 2.4. Artificial airways and complications
  - 2.5. Mechanical ventilation clinical studies
  - 2.6. Mechanical ventilation experimental studies
  - 2.7. Mechanical ventilation monitoring
  - 2.8. Non-invasive ventilation
3. AIDS, haematologic-oncologic issues in the ICU
4. Cardiac arrest
  - 4.1. Cardiac arrest clinical studies
  - 4.2. Cardiac arrest experimental studies
5. Cardiovascular issues in ICU
  - 5.1. Cardiovascular clinical studies
  - 5.2. Cardiovascular experimental studies
  - 5.3. Cardiovascular monitoring
6. Critical care organisation, quality management and outcomes
  - 6.1. Critical care organisation, quality management and costing issues
  - 6.2. Critical care outcomes
  - 6.3. Critical care severity of disease scoring system
7. ICU information systems
8. Imaging in intensive care
9. Infections and prevention
10. Sepsis
  - 10.1. Sepsis clinical studies
  - 10.2. Sepsis experimental studies
  - 10.3. Sepsis monitoring
11. Metabolism, endocrinology, liver failure and nutrition
  - 11.1. Metabolism, endocrinology and nutrition clinical studies
  - 11.2. Metabolism, endocrinology and nutrition experimental studies
  - 11.3. Metabolism, endocrinology and nutrition monitoring
  - 11.4. Liver failure
12. Neurointensive care
  - 12.1. Neurointensive clinical studies
  - 12.2. Neurointensive care experimental studies
  - 12.3. Neurointensive care monitoring
13. Nursing care and physiotherapy
14. Paediatrics
15. Perioperative clinical studies
  - 15.1. Perioperative clinical studies
  - 15.2. Perioperative monitoring
16. Poisoning/Toxicology /Pharmacology

17. Sedation, analgesia and delirium
  - 17.1. Sedation, analgesia and delirium: clinical studies
  - 17.2. Sedation, analgesia and delirium: experimental studies
18. Systemic diseases
19. Transfusion and haemostasis disorders
20. Trauma
  - 20.1. Trauma clinical studies
  - 20.2. Trauma experimental studies
21. Ethics
  - 21.1. Ethics and end of life care
  - 21.2. Brain death, organ donation and transplantation
22. Data Science

**Notes:**

- Submission of an abstract constitutes a formal commitment by the author to present the abstract in the session and at the time decided upon by the Congress Committee. One of the co-authors can take over if needed. **Failure to present the abstract, other than for legitimate reasons, will lead to rejection of abstract submission at the next ESICM Event.**
- Registration fees for the presenting author will not be waived.
- It is the authors' responsibility to submit abstracts in perfect order with no errors in spelling and grammar. Abstracts will not be corrected.
- ESICM does not accept case reports.
- The signing author certifies that any work with human or animal subjects related in this abstract complies with the guiding principles for experimental procedures, as set forth in the Declaration of Helsinki and related publications.
- Submitting an abstract also certifies that at the time of submission, the scientific material found within the abstract had not been presented at any other meeting and had not been published in any form other than abstract form prior to the ESICM Annual Congress.

**Failure to adhere to these rules will result in the automatic rejection of the abstract.**